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10-61-01

PTO/SB/05 (11-00)

App. 0651-0032 for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. TI-29986

First Inventor Allred, et al.

Title Method and Apparatus for Tuning Digital Hearing Aids

Express Mail Label No. EL862018887US

PTO

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9672

09/28/01

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	[Total Pages 41]	a. <input type="checkbox"/> Computer Readable Form (CRF)	
<ul style="list-style-type: none"> - Descriptive title of the invention - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	[Total Sheets 9]	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 	
5. Oath or Declaration	[Total Sheets 3]	c. <input type="checkbox"/> Statements verifying identity of above copies	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
13. <input type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input type="checkbox"/> Other:			

18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**
 Customer Number or Bar Code Label **23494** Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Robert D. Marshall, Jr.				
Address	Texas Instruments Incorporated P. O. Box 655474 M/S 3999				
City	Dallas	State	Texas	Zip Code	75265
Country	US	Telephone	972-917-5440	Fax	972-917-4418
Name (Print/type)	James C. Kesterson			Registration No. (Attorney/Agent)	25882
Signature	<i>James C. Kesterson</i>			Date	9/28/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,070.00)

Complete if Known

Application Number	TBD
Filing Date	September 28, 2001
First Named Inventor	Allred, et al.
Examiner Name	TBD
Group Art Unit	TBD
Attorney Docket No.	TI-29986

METHOD OF PAYMENT		FEE CALCULATION (continued)				
1.	<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				
Deposit Account Number	20-0668					
Deposit Account Name	Texas Instruments Incorporated					
<input checked="" type="checkbox"/>	Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17					
Applicant claims small entity status. See 37 CFR 1.27						
2.	Payment Enclosed:					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
101	710	201	355	Utility filing fee	710.00	
106	320	206	160	Design filing fee		
107	490	207	245	Plant filing fee		
108	710	208	355	Reissue filing fee		
114	150	214	75	Provisional filing fee		
SUBTOTAL (1) (\$ 710.00)						
2. EXTRA CLAIM FEES						
Total Claims	20	-20**=	0	x 18	Fee Paid 0.00	
Independent Claims	7	- 3**=	4	x 80.00	= 320.00	
Multiple Dependent					=	
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
103	18	203	9	Claims in excess of 20		
102	80	202	40	Independent claims in excess of 3		
104	270	204	135	Multiple dependent claim, if not paid		
109	80	209	40	**Reissue independent claims over original patent		
110	18	210	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$ 320.00)						
* or number previously paid, if greater; For Reissues, see above						
Other fee (specify) _____						
*Reduced by Basic Filing Fee Paid						
SUBTOTAL (3) (\$ 40.00)						

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	James C. Kesterson	Registration No. (Attorney/Agent)	25882	Telephone	972-732-1001
Signature	<i>James C. Kesterson</i>				
				Date	9/28/01

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